

Highlights of Changes

This Medical Aid Rules and Fee Schedules (fee schedule) is effective for services provided on or after July 1, 2010. These highlights are intended for general reference; they are not a comprehensive list of all the changes in the fee schedule. Refer to the 2009 CPT© and HCPCS coding books for complete code descriptions and lists of new, deleted or revised codes.

Washington Administrative Code (WAC) and payment changes

- Cost of living adjustments were not applied to RBRVS and anesthesia services or to most local codes.
- WAC 296-20-135 reduces the RBRVS conversion factor to \$60.78 while the anesthesia conversion factor remains at \$3.19 per minute (\$47.85 per 15 minutes).
- WAC 296-23-220 and WAC 296-23-230 maintain the maximum daily cap for physical and occupational therapy services at \$118.07
- WAC 296 -23 –250 set a daily cap for massage therapy of 75% of the daily cap for PT/OT services. The rate for July will remain \$88.55.

Policy & fee schedule additions, changes and clarifications

Introduction

- Added a new section addressing Documentation Requirements when Referring Worker Outside of Local Community for Care.

Professional Services

- Created links to all references to Washington Administrative Codes.
- Revised and expanded the section on radiology reporting requirements.
- TENS section has been updated to reflect that these are not covered items.
- Electrodiagnostic services section has been expanded.
- Pharmacy services section reflects a new fee schedule for generic drugs.
- Psychiatric services section has been updated to reflect the addition of psychiatric nurse practitioners as providers.
- Independent Medical Exam section includes new codes for multiple claim exams.

- Interpretive services section reflects new per minute rates for interpreters.

Facility Services

- Fees including Hospital AP-DRG and Per Diem rates, Residential facilities and, Brain Injury Programs have been updated.
- Pain program procedures have been completely revised.

Appendices

- Preferred Drug List has been updated.
- Other appendices have been updated with new codes.

Fee Schedules

- With the exception of the comma delimited files, the Field Keys are integrated into the fee schedules.
- A new fee schedule for medical and surgical supplies has been established for suppliers who routinely bill for these items. Items listed in the Professional Fee Schedule as bundled will remain bundled for other providers.
- The following fee schedules have been updated:
 - Professional fees.
 - Durable medical equipment fees.
 - Prosthetics and Orthotics fees.
 - Laboratory fees.
 - Pharmacy fees.
 - Dental fees.
 - Interpreter fees.
 - Hospital AP-DRG outlier thresholds.
 - Hospital percent of allowed charge (POAC) factors.
 - Hospital rates.
 - Hospital ambulatory payment classification (APC) rates.
 - Residential fees.
 - Ambulatory surgery center (ASC) fees.